

**Illinois Commission on Human Services**

*Respectfully submitted by AJ French on 09-21-11, Springfield, IL*

Good Afternoon! My name is AJ French and I'm with Sacred Creations located in Madison County, Illinois near St. Louis. Before I begin I'd like to recognize NAMI Southwestern Illinois for providing transportation making it possible for 11 of us to come here today. I'd also like to thank a donor that wishes to remain anonymous for providing our lunch and making a long journey a little easier. This person is with us today and you know who you are. Thank you for placing value on our lives and our participation in this forum.

As a person living with a mental health condition who is transitioning from dependency upon publically funded human services to independency with earned income, the following things have helped and hindered my journey and that of my peers. The Illinois Division of Mental Health (DMH) has a slogan that "The Expectation is Recovery!" meaning that they expected me to get better and I have. Money can't buy attitudes and this has helped tremendously. But money does pay for recovery-oriented services such as the WRAP program which stands for Wellness Recovery Action Plan. WRAP is an evidence-based practice which means there is evidence that it works. In addition to WRAP, every month there are statewide conference calls for persons with mental health conditions and once a year there are conferences in each region of the state. It is important for us to have access to these things which teach us how to live healthy and it breaks my heart that the Psycho-Social Rehabilitation program which helped me to get better, which I could attend in the morning and afternoon for five days a week, is limited to only four hours for my peers who have not been deemed "Medicaid-eligible."

Another thing that has helped is the Consumer and Family Handbook. The handbook gives valuable information about the resources that are available to individuals and families living with mental health conditions. I have included a copy of this handbook with my testimony because I want this commission to know that what is found within the pages are things that are helping people. This is what the state is doing that is working. My suggestion for improvement would be to keep printing them. I just learned last week that the new edition will only be available online because money was not budgeted for shipping costs. This is truly an accessibility issue because many persons with mental health conditions who are dependent upon human services simply do not have access to the internet in their home environment when the battle against their illness is often the greatest. Plus, there are also many individuals who are computer illiterate.

The available inpatient psychiatric beds at the state hospitals are also something that is helping. Since 33 community-based hospitals lost funding to provide Community Hospital Inpatient Services (CHIPS) for individuals unable to pay for inpatient psychiatric care a few years ago, people have [REDACTED] *relied*

upon the state hospitals for psychiatric healthcare when in crisis. This is something that helps fill a gap created by previous years budgeting mistakes and my suggestion is to fund recovery-oriented inpatient psychiatric hospitalizations for those whose lives are at risk. The available beds at the state hospitals help, but more is needed. Last week, I received a phone call from a local mental health agency that reported persons with mental health conditions were suffering in emergency waiting rooms for as many as four and five days because there are no inpatient beds available. The individual who shared this information cited four local hospitals where this is occurring. To torture someone in ~~\_\_\_\_\_~~ <sup>psychiatric</sup> *mental* anguish by denying them ~~\_\_\_\_\_~~ care because they cannot pay while our elected officials receive paid healthcare for life for themselves and their spouses, is inhumane and barbaric *and the most expensive option we have*

Research indicates people with significant mental health conditions die an average of 25 years sooner than persons without mental health conditions. But maybe that's the point. Maybe people would just prefer that we die. How can I draw any other conclusion when so many of us are fighting just to stay alive? How can I draw any other conclusion after ten consecutive years of budget cuts to the Illinois Division of Mental Health? Our budget reflects our values and if people wanted us to live, our health, safety and welfare would be a priority. My suggestion today is that we disempower the Illinois General Assembly's ability to choose their own salary and benefits package and that we follow Arizona's example and base these decisions on a state electoral ballot. To not do this, continues to place more value on the lives of elected official than 1/3 of the citizens in Illinois living without health insurance. Are their lives really worth more? Are our lives worth less?

Thank you for your prayerful consideration of my remarks.